Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

WESTERN MEDICAL CENTER
1015 S HENDERSON ST
FORT WORTH TX 76104-2924

Respondent Name
HARTFORD CASUALTY INSURANCE COMPANY

Carrier's Austin Representative Box
Box Number 47

MFDR Tracking Number
M4-98-A961-01

MFDR Date Received
March 9, 1998

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "As there was no E/M this day, the phone call by a HCP designate, rehab coordinator, to provide medical management regarding her light duty status doses meet all the criteria required for payment."

Amount in Dispute: $58.19

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The insurance carrier did not submit a response for consideration in this dispute.

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Services	Amount In Dispute	Amount Due
March 18, 1997	Outpatient Hospital Services	$58.19	$21.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Former 28 Texas Administrative Code §133.305, effective June 3, 1991, 16 *Texas Register* 2830, sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.201 adopts by reference the Texas Workers' Compensation Commission Medical Fee Guideline 1996
3. Texas Workers' Compensation Commission Medical Fee Guideline 1996 sets out the fee guidelines for medical services rendered on or after April 1, 1996
4. Texas Labor Code §413.011 sets forth provisions regarding reimbursement policies and guidelines.
5. The services in dispute were reduced/denied by the respondent with the following payment exception codes:
   - M – SERVICES OR SUPPLIES NOT NORMALLY CHARGED FOR.

Findings

1. The insurance carrier denied the disputed service with reason code M – "SERVICES OR SUPPLIES NOT NORMALLY CHARGED FOR." No information was found to support the use of this payment exception code. No information was found to support this denial reason. The disputed service will therefore be reviewed per applicable Division rules and fee guidelines.
2. Per 28 Texas Administrative Code §133.305(h), effective June 3, 1991, 16 *Texas Register* 2830, "The respondent shall file a response with the commission at the division of medical review in Austin. No response shall be later than 30 days after receiving a copy of the request. A copy of this response shall be sent simultaneously to the requestor. Failure of a timely response may result in a decision against the respondent." Review of the submitted documentation finds that the insurance carrier failed to submit a response for consideration in this dispute. The Division concludes that the respondent has not met the requirements of §133.305(h).
3. This dispute relates to professional medical services with reimbursement subject to the provisions of 28 Texas Administrative Code §134.201, effective April 1, 1996, 21 *Texas Register* 2361, which adopted by reference the Texas Workers' Compensation Commission Medical Fee Guideline 1996, effective for all medical treatments, services, durable medical equipment and pharmaceuticals provided on or after April 1, 1996.
4. Per Medical Fee Guideline 1996, Evaluation/Management Ground Rules XVIII. C. "Telephone Calls (99371-99373); Telephone calls initiated by the doctor or HCP as outlined in the treatment guidelines, to the patient or other HCPs for consultation, medical management, or coordinating medical management require DOP [documentation of procedure]." Review of the submitted documentation finds that the requestor has submitted documentation of the procedure sufficient to support the service as billed.
5. The healthcare provider billed one unit of procedure code 99372. Per Medical Fee Guideline 1996, Evaluation/Management Ground Rules, the maximum allowable reimbursement (MAR) for procedure code 99372 is $21.00. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $21.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $21.00 plus applicable accrued interest per 28 Texas Administrative Code §134.803, due within 30 days of receipt of this Order..

Authorized Signature

	Grayson Richardson	October 18, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.